## **Oliver Sacks: Poet laureate of neurology**

Dr. Oliver Sacks has been the most known neurologist across the world because of his popular books based on clinical neurological tales, autobiography, and travelogues.

I was fortunate when he granted me and my wife an extended interview of about 2 h, showed us around his office and home, and made classic English tea for us.

He exuded wisdom, knowledge, and understanding. He had a constant urge to speak, comment, share, and show. Yet he was a good listener too. He would lend a ear to long-winding questions and comments and would interrupt at the correct moment, having understood the gist of what one intended to say or ask, thus saving time for all.

There was a bit of showman in Dr. Sacks, which lightened and gladdened one's heart and which was not in the least pompous or showy. His face was expressive and his smiles were enchanting.

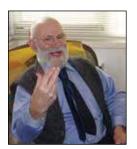
Dr. Sacks had once come to India but fell ill and could not travel to various places. He had always wanted to come again but could not do so.

His first association with India was through tea. He used to have a rich collection of many varieties of Indian tea. Another association of Dr. Sacks with India was through a schoolfriend John Clay whose foundation has published a large volume of ancient classical Sanskrit literature translated authentically in English.

In sync with Indian philosophies of the "middle path" and "multifaceted nature of truth," Dr. Sacks believed in being "irenic," which in Greek means peaceful and is the opposite of extremes. A person who is irenic does not assume a strong position or views. He/she considers them all and tries to achieve a balance. For Dr. Sacks, even the reigns or magesteria of science and religion were not necessarily at extremes. Quoting Freeman Dyson, he gave an analogy of a house with many windows. One is the window of science while another is that of religion. Dr. Sacks was neither a lumper nor a splitter.

Dr. Sacks was a great teacher of neurology for his residents in New York, USA. He constantly emphasized and taught the history of





Dr. Oliver Sacks

evolution of neurosciences because he believed that the mind of a person who was learning a new science must pass through all the phases, which science itself has exhibited in its historical evolution. His own education in chemistry was fortuitously along a similar trajectory. He likened it to "a wonderful way of growing up; living the history myself." For Dr. Sacks, development or evolution or growth of any subject was like a living organism. He thought that learning the history of evolution of ideas, personalities, and events was worth the time and effort.

Dr. Sacks considered himself to be a physician first and then an author. Patients were always patients for him and not mere subjects. He had said, "I had a scientific impulse to write articles in journals and also the literary urge to write narrative stories. There was initially some conflict in my brain about two distinct instincts, which were located in different parts, gradually they came together. My father and mother both were clinicians, but in a way they too were story tellers. Story telling is an essential part of medicine. It helps you understand the physiology of a person."

The protagonists in the clinical tales by Dr. Sacks suffer from a variety of neurological disorders, which are common or rare, mundane or profound. One needs to have the genius mix of uncanny observation, vast repertoire of background reading, and skills of thoughtful speculations to cull out pearls of wisdom and inferences from these tales. Dr. Sacks had all of these in abundance. His clinical tales underscore the adage that truth is stranger than fiction. His subjects, though strange and unhappy, were treated with utmost understanding, sympathy, and respect.

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The phrase "neurology of identity" has become popular because of Dr. Sacks' writings. He used to lament that neurology and psychiatry had become more scientific rather than being subjects of identity. He was worried that individual studies or studies of individuals would get lost in statistics and get lost by getting averaged out. For example, according to Dr. Sacks, the story of Phineas Gage was not so much about frontal lobe function but more of a story of altered moral identity. Patients in stories by Dr. Sacks showed a sort of suspension of their consciousness of identities (as in *Awakenings*).

Dr. Sacks strongly believed that even in the current era of "evidence-based medicine," the "anecdotal" account should and would be held in place. Even case histories are evidence — even a single case, which has been studied for many years. There are different sorts of evidence. Similar to any other physician, Dr. Sacks also used the phrase "I am delighted by the complexities of case histories," by which he referred to the richness and thickness of reality. He thought that our existing case histories were too thin. According to him, a description of a Parkinson's patient getting up and moving across a room would need 30 pages or 40 pages of dense writing. It is in this way that a novelist and clinician come together.

Oliver Sacks was an atheist. But unlike Richard Dawkins, he saw an emotional need for creating and believing in a God. However, he himself did not feel that need. For him, the question of God was a matter of faith, which was beyond evidence. He neither believed in faith nor did he make a public attack on religion. The word "God" is sparingly used in Dr. Sacks' writing and that too in a deistic manner and as

a manner of speech, for a sort of Eienstienian god. He had said, "I think it basically is a matter of trying to lead a decent life in here and now. There is nothing or anything beyond. I think I have a sort of religious sensibility but I more so have a sense of wonder, gratitude and awe at the universe. My religion will be without anything supernatural in it; a Godless religion."

Dr. Sacks thought that any civilization is to be judged to some extent by its tenderness and understanding of the disabled and the ill. He did not think that diseases might have some usefulness or purpose in the life of an individual or in the lives of a community but he also felt that the fullest possible use of the predicament should be made for the betterment of human life.

His parting essay, penned a few months before his death, is emotional and sad but not the least depressing. He was happy to have had "a life well-lived."

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